

## HCBS FAMILY MEMBER SURVEY

What county do you live in? \_\_\_\_\_

Who is your service provider? \_\_\_\_\_

What is the name of the facility where your family member receives their services? \_\_\_\_\_

\_\_\_\_\_

How long has your family member been there? \_\_\_\_\_

What do you think about the facility (physical building/location where your family member receives their services)? \_\_\_\_\_

\_\_\_\_\_

What do you think about the program (structure of activities, goals, events, outings, etc.) that your family member attends? \_\_\_\_\_

\_\_\_\_\_

Would you change anything about the day/career program that your family members attends? \_\_\_\_\_

\_\_\_\_\_

Any other feedback? \_\_\_\_\_

\_\_\_\_\_

Thank you! Please submit to:

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